



FEB 15 2005

Extension of Time

Extension of Time Request. Applicants request a two-month extension of time in which to file this document. A separate Extension of Time request document is filed herewith, together with the required \$225 Extension Fee. If, for some reason, a three-month extension of time becomes necessary, applicants hereby request such a three-month extension of time, in which event the additional \$285 Extension Fee amount (totaling \$510) should be charged to the deposit account identified below.

Deposit Account Authorization. The Commissioner is hereby authorized to charge any deficiency in the Extension Fee submitted with the above-mentioned Extension of Time request, and to credit any overpayment, to Deposit Account No. 08-0628 of Loyal M. Hanson

Date February 9, 2005

Sign



Loyal M. Hanson, USPTO Reg. No. 30,062
Attorney of Record
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		1339
Application Number	10/769,151	Filed 01/30/2004
For "Circular Parachute"		
Art Unit	3644	Examiner Stephen A. Holzen
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	Fee	Small Entity Fee
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. \$225 Check #10106		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-0628</u> . I have enclosed a duplicate copy of this sheet.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the	<input type="checkbox"/> applicant/inventor.	
	<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).	
	<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>30,062</u>	
	<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____	
		February 9, 2005 <u>Date</u>
<u>Loyal M. Hanson</u> Typed or printed name		760-723-0620 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of _____ forms are submitted.		